

● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : <u>09/487841</u>	Examiner : <u>Chen</u>	GAU : <u>1632</u>
From: <u>CA</u>	Location: <u>IDC</u> FMF FDC	Date: <u>10-13-05</u>
Tracking #: <u>10087369</u>		Week Date: <u>3-14-05</u>

①

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM		<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input checked="" type="checkbox"/> OATH	<u>4/17/00</u>	
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: Inventor #5 never signed oath. Please Resolve

Thank You CA

[XRUSH] RESPONSE: Corrected

Paul Clark 7002

617-428-0200 INITIALS: PS

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04

7/12 7/13 7/15

will fax Monday

09/487,841

PATENT
ATTORNEY DOCKET NO: 50004/003004

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled HUMAN METHIONINE SYNTHASE REDUCTASE: CLONING, AND METHODS FOR EVALUATING RISK OF NEURAL TUBE DEFECTS, CARDIOVASCULAR DISEASE, CANCER, AND DOWN'S SYNDROME the specification of which

☐ is attached hereto.

☒ was filed on January 19, 2000 as Application Serial No. 09/487,841
and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a).

FOREIGN PRIORITY RIGHTS: I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Serial Number	Filing Date	Priority Claimed?
			Yes/No

PROVISIONAL PRIORITY RIGHTS: I hereby claim priority benefits under Title 35, United States Code, §119(e) and §120 of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing Date	Status
60/071,622	January 16, 1998	Abandoned

NON-PROVISIONAL PRIORITY RIGHTS: I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by

COMBINED DECLARATION AND POWER OF ATTORNEY

the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

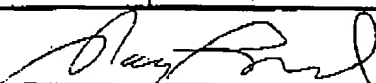
Serial Number	Filing Date	Status
09/371,347	August 10, 1999	Pending
09/232,028	January 15, 1999	Pending

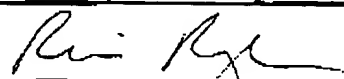
I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Paul T. Clark, Reg. No. 30,162, Karen L. Elbing, Ph.D. Reg. No. 35,238, Kristina Bieker-Brady, Ph.D. Reg. No. 39,109, Susan M. Michaud, Ph.D. Reg. No. 42,885, Mary Rose Scozzafava, Ph.D., Reg. No.36,268, James D. DeCamp, Ph.D., Reg. No. 43,580.

Address all telephone calls to: Kristina Bieker-Brady, Ph.D. at 617/428-0200.

Address all correspondence to: Kristina Bieker-Brady, Ph.D. at Clark & Elbing LLP, 176 Federal Street, Boston, MA 02110.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Roy A. Gravel	Calgary, AB Canada	188 Coachwood Cres. SW Calgary, AB T3H 1C1 Canada	Canada
Signature: 			Date: Mar 21, 2000

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Rima Rozen	Montreal West, Quebec Canada	9 Fairfield Montreal West, Quebec H4X 1R5 CANADA	Canada
Signature: 			Date: Mar. 7/2000

COMBINED DECLARATION AND POWER OF ATTORNEY

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Daniel Leclerc	Montreal, Quebec Canada	39 86th Avenue Montreal, Quebec H1A 2J9 CANADA	Canada
Signature: <i>Daniel Leclerc</i>			Date: <i>March 7 2004</i>

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Aaron Wilson	Montreal, Quebec Canada	2085 Guy, Apt. #202 Montreal, Quebec H3H 2M1 CANADA	Canada
Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
David Rosenblatt	Montreal, Quebec Canada	4840 Côte St. Luc Road, Apt. 1201 Montreal, Quebec H3W 2H1 CANADA	Canada
Signature: <i>Paul Rosenblatt</i>			Date: <i>March 7 2000</i>

PATENT
ATTORNEY DOCKET NO: 50004/003004

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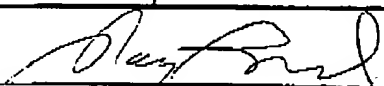
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Signature: 			Date: Mar 21, 2000

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Rima Rozen	Montreal West, Quebec Canada	9 Fairfield Montreal West, Quebec H4X 1R5 CANADA	Canada
Signature: 			Date: Mar. 7/2000

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Daniel Leclerc	Montreal, Quebec Canada	39 86th Avenue Montreal, Quebec H1A 2J9 CANADA	Canada
Signature: <i>Daniel Leclerc</i>			Date: <i>March 21/05</i>

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Aaron Wilson	Calgary, AB Montreal, Quebec Canada	1240 University Drive A 306 2085 Guy, Apt. #202 Calgary, AB T2M 3Y7 Montreal, Quebec H3H 2M1 CANADA	Canada
Signature: <i>Aaron Wilson</i>			Date: <i>March 21/05</i>

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
David Rosenblatt	Montreal, Quebec Canada	4840 Côte St. Luc Road, Apt. 1201 Montreal, Quebec H3W 2H1 CANADA	Canada
Signature:			Date:

07-18-05

15:30

From-CLARK & ELBING LLP

+6174287023

T-848

P.008/008

F-953

****PROSECUTION****

PATENT

ATTORNEY DOCKET NUMBER: 50004/003004

The U.S. PTO date stamp sets forth the date of receipt of:

Applicant/Patentee: Roy A. Gravel et al.Serial/Patent Number: 09/487,841Filed/Issued: January 19, 2000Title: HUMAN METHIONINE SYNTHASE REDUCTASE: CLONING, AND METHODS FOR
EVALUATING RISK OF NEURAL TUBE DEFECTS, CARDIOVASCULAR DISEASE,
AND DOWN'S SYNDROME

<input type="checkbox"/> Transmittal Letter	Pages: <u> </u>	<input checked="" type="checkbox"/> Declaration & POA (2)	Pages: <u>3 (ea.)</u>
<input checked="" type="checkbox"/> Notice of Missing Parts	Pages: <u>1</u>	<input type="checkbox"/> Assignment & Cover Sheet	Pages: <u> </u>
<input checked="" type="checkbox"/> Reply to Missing Parts	Pages: <u> </u>	<input type="checkbox"/> Change of Address	Pages: <u> </u>
<input type="checkbox"/> Reply to Examiner's Action	Pages: <u> </u>	<input checked="" type="checkbox"/> Small Entity Statement	Pages: <u>1</u>
<input type="checkbox"/> Extension of Time	Pages: <u> </u>	<input type="checkbox"/> Preliminary Amendment	Pages: <u> </u>
<input type="checkbox"/> Notice of Appeal	Pages: <u> </u>	<input type="checkbox"/> IDS	Pages: <u> </u>
<input type="checkbox"/> Appeal Brief	Pages: <u> </u>	<input type="checkbox"/> Cited References	Number: <u> </u>
<input type="checkbox"/> Drawings Formal/Informal	Pages: <u> </u>	<input type="checkbox"/> Other	Pages: <u> </u>
<input type="checkbox"/> M-Fee Payment	Pages: <u> </u>	<input type="checkbox"/> Other	Pages: <u> </u>
<input type="checkbox"/> Issue Fee Payment	Pages: <u> </u>		
<input checked="" type="checkbox"/> Check	\$: <u>65.00</u>		

☒ Other Petition to Correct Filing Receipt w/copies of Pages: 7
incorrect Filing Receipt and Combined Declaration and POA
 Atty/Secy: KBB/mjd Client/Matter Name: Martinez/Reductase CTP2 Date: 4/13/00